COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

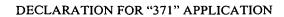
PG3749USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR	R U.S. PARENT	APPLICATION or PC	T PARENT APPLICATION	ON		
			-		STATUS (Check	one)
U.S.	Parent Application o	r PCT Parent	Parent Filing Date	PATENTED	PENDING	ABANDONED
	Number		(MM/DD/YYYY)			
the U.S.	R OF ATTORNEY: . Patent and Trademark	Office connected therewith. (appoint the following attorney(s) List name and registration numbe	and/or agent(s) to pros	ecute this application a	nd transact all business in
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	orrespondence to		· · · · · · · · · · · · · · · · · · ·		Direct Telephone Ca	lls to:
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141	1	23347			919-4	103-0222
: 42		PATENT TRADEMARK OFF	ICE			
	I hereby declare	that all statements made	herein of my own knowled	dge are true and the	at all statements ma	ade on information
	and belief are be	elieved to be true; and fur	rther that these statements	were made with the	knowledge that w	illful false
	statements and t	he like so made are puni	shable by fine or imprisonr	nent or both unde	r 18 II S C 1001 2	and that such
-	willful false stat	ements may jeopardize t	he validity of the application	on or any patent iss	uing thereon	ind that such
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2	FULL NAME	FAMILY NAME CLAYTON	FIRST GIVEN NAME	3	SECOND GIVEN NAME/	INITIAL
	OF INVENTOR INVENTOR'S	CLATION	Nicholas		Maughan	
1 20	SIGNATURE	İ			DATE:	
0	RESIDENCE &	CITY	STATE OR FOREIGN	N COUNTRY	COUNTRY OF CITIZENS	SHIP
	CITIZENSHIP	Stevenage	Hertfordshire	e, GB	GB	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Possesse Tri	anala Dauli	STATE & ZIP CODE/CO	UNTRY
1	ADDRESS	Five Moore Drive, PC	Research Tria	angie Park	NC 27709 US	
		13398	BOX			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	<u> </u>	SECOND GIVEN NAME/	TAYPON A C
2	OF INVENTOR	COLLINS	Susanne	•	Denise	INITIAL
	INVENTOR'S				DATE:	-
	SIGNATURE				 	
0	RESIDENCE &	CITY	STATE OR FOREIGN		COUNTRY OF CITIZENS	SHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	Hertfordshire	, GB	GB	Trainment .
2	ADDRESS	GlaxoSmithKline, Inc		angle Park	STATE & ZIP CODE/COU NC 27709 US	UNTRY
		Five Moore Drive, PO	Box		110 27707 05	
		13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	FOORD	Steven		Michael	
ĺ	INVENTOR'S	Ster u. Fe	mis 1		DATE: 17.01.	~~
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ĭ	CITIZENSHIP	Stevenage	Hertfordshire		GB	onir
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3	ADDRESS	GlaxoSmithKline	Research Tria	ingle Park	NC 27709 US	-
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		13398				
						



001	ADTAILED DESCRIPTION					
				R DESIGN PATENT	ATTORNEY'S DOCKE PG3749USW	ΞT
APP	PLICATION WITH	I POWER (OF ATTORNEY	Z	First Names Inventor:	
					CLAYTON	
					Complete if known	
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()Dec	claration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))			
					Filing Date	
					Group Art Unit:	
					Group rate omt.	
	As below named	inventor. I here	by declare that:			
	My residence, post office	address and citiz	zenship are as stated bel	ow next to my name.		
	I believe I am the origina (if plural names are listed entitled:	l, first and sole in l below) of the su	nventor (if only one name bject matter which is cla	ne is listed below) or an original, fairmed and for which a patent is so	irst and joint inventor ought on the invention	r 1
		EPTOR LIGAN	DS IN THE TREATM CANCER	ENT OF NEUROPATHIC PA	IN AND COLON	
an b			CANCEL			
	the specification of which	n (check only one	item below):			
	[]is attached hereto. OR					
	[X] was filed on		as United States applica	tion Serial No. or PCT Internatio	nal	
	Application Number $\underline{\text{EP0}}$ applicable)	0/07669 filed 8	August 2000 and was ar	mended on (MM/DD/YYYY)	(if	•
	I hereby state that I have	reviewed and und	derstand the contents of	the above-identified specification	including the claims	s.
U	as amended by any amen			and above radiation specification	, moraumg me eramic	-,
	I acknowledge the duty to	o disclose inform	ation which is material t	to patentability as defined in 37 C	FR §1.56.	
 1	I hereby claim foreign pr	iority benefits un	der 35, U.S.C. §119 (a)-	(d) or §365(b) of any foreign app	lications(s) for patent	Į.
: %#	or inventor's certificate of	r 365(a) of any P	CT international applica	tion which designated at least one	e country other than the	he
				low, by checking the box, any fortion having a filing date before th		
	which priority is claimed		or international applica	tion having a filing date before th	at of the application of)11
	R FOREIGN AND ANY P	RIORITY CLA	IMS UNDER 35 U.S.C			
Prie	or Foreign Application	(Country	Foreign Filing Date	PRIORIT	
1 00	Number (s) 18745.2		CD.	(MM/DD/YYYY))	CLAIME	D .
	28437.4		GB	08/10/1999	X	
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5.	- · · · · · · · · · · · · · · · · · · ·					
	by claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional applic	cation(s) listed below:	:
	Application No.	,		e (MM/DD/YYYY)	(-)	
	**			-/	· · · · · · · · · · · · · · · · · · ·	
2.	**************************************					
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2	FULL NAME OF INVENTOR	FAMILY NAME GIBLIN	FIRST GIVEN NAME Gerard	SECOND GIVEN NAME/INITIAL Martin, Paul
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	Welwyn	STATE OR FOREIGN COUNTRY Hertfordshire, GB	GB
4	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION								
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	Number		(MM/DD/	YYYY)				
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POWER	OF ATTORNEY: A	As a named invent	or, I hereby appoint the fo	llowing attorney(s) and	l/or agent(s) to prosec	ute this application and	transact all business in	
the U.S. I	Patent and Trademark	Official Hall Hall Hall	Helligh KList name and	registration number)	• •			
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12			ents made herein of					
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N		ements may je	opardize the validity	of the application	or any patent issu	ing thereon.		
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL.	
2	OF INVENTOR	CLAYTON		Nicholas		Maughan		
	INVENTOR'S					DATE:		
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	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL	
2	OF INVENTOR	COLLINS		Susanne		Denise	INTIAL	
_	INVENTOR'S			\		DATE: - /	- 1-0	
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	CITIZENSHIP	Stevenage POST OFFICE ADI	200	Hertfordshire,	GB	STATE & ZIP CODE/CO		
2	POST OFFICE ADDRESS	GlaxoSmith		Research Trian	odo Pork	NC 27709 US	UNIKY	
2	ADDRESS		Drive, PO Box	Research Illan	igic I al K	NC 21103 US		
			Drive, FO Box					
	EIII MANAT	13398		FIRST GIVEN NAME		SECOND CIVEN NAME	INITIAI	
2	FULL NAME OF INVENTOR	FAMILY NAME FOORD		Steven		SECOND GIVEN NAME/ Michael	INITIAL	
-	INVENTOR'S	FOORD		Juiten		DATE:		
	SIGNATURE					~~~		
0	RESIDENCE &	CITY		STATE OR FOREIGN O		COUNTRY OF CITIZEN	SHIP	
	CITIZENSHIP	Stevenage		Hertfordshire,	GB	GB		
	POST OFFICE	POST OFFICE ADI		CITY	l . D t	STATE & ZIP CODE/CO	UNTRY	
3	ADDRESS	GlaxoSmith		Research Trian	igie Park	NC 27709 US		
			Drive, PO Box					
		13398		I				

		PECLA	RATION FOR "371"	APPLICATION	
				OR DESIGN PATENT	ATTORNEY'S DOCKET PG3749USW
AIII	LICATION WITI	1 POWER	OF ATTORNE	Y	First Names Inventor: CLAYTON
					Complete if known:
() Dec	laration submitted with initial	filing or			App No.:
()Decl	aration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		77.17
					Filing Date
					Group Art Unit:
	As below name	d inventor. I here	eby declare that:	1-17-1	
	My residence, post office	address and citiz	zenship are as stated be	clow next to my name.	
	I believe I am the origina (if plural names are listed entitled:	al, first and sole in I below) of the su	nventor (if only one na ubject matter which is o	me is listed below) or an original, to claimed and for which a patent is so	first and joint inventor ought on the invention
	USE OF EP4 REC	EPTOR LIGAN	DS IN THE TREATM	MENT OF NEUROPATHIC PA CR	IN AND COLON
	the specification of which	h (check only one	e item below):		
I a	[]is attached hereto. OR				
:4: :4: :4:	[X] was filed on	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	as United States applic	ation Serial No. or PCT Internation	onal
H	Application Number EPO applicable)	00/07669_filed 8	August 2000 and was a	amended on (MM/DD/YYYY)	(if
	I hereby state that I have as amended by any amen			f the above-identified specification	1, including the claims,
	I acknowledge the duty t	o disclose inform	ation which is material	to patentability as defined in 37 C	CFR §1.56.
. 12	or inventor's certificate of United States of America	r 365(a) of any P a, listed below and ficate or of any P	CT international appliced have also identified be)-(d) or §365(b) of any foreign appeation which designated at least on below, by checking the box, any fo ation having a filing date before the	e country other than the reign application for
	FOREIGN AND ANY I	PRIORITY CLA	IMS UNDER 35 U.S.		
Prio	r Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 991		<u>,, , , , , , , , , , , , , , , , , , ,</u>	GB	08/10/1999	X
	8437.4		GB	12/01/1999	x
3. 4.					
5.				 	
	claim the benefit under T	itle 35, United St	tates Code §119(e) of a	ny United States provisional appli	cation(s) listed below:
	Application No.			te (MM/DD/YYYY)	

2. 3. 4.

2	FULL NAME OF INVENTOR	FAMILY NAME GIBLIN	FIRST GIVEN NAME Gerard	SECOND GIVEN NAME/INITIAL Martin, Paul
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Welwyn	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US

ATTORNEY'S DOCKET NUMBER PG3749USW

COMBINED DECLARATION FOR UTILITY or DESIGN

PATENT APPLICATION WITH POWER OF ATTORNEY Continued I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION STATUS (Check one) U.S. Parent Application or PCT Parent Parent Filing Date PATENTED PENDING ABANDONED Number ' (MM/DD/YYYY) POWER OF ATTORNEY: As a named in the U.S. Patent and Trademark Office connecting the following attorney(s) and/or agent(s) to prosecute this application and transact all business in and registration number) PATENT TRADEMARK OFFICE Send Correspondence to: Direct Telephone Calls to: Lorie Ann Morgan 919-483-8222 -1 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR CLAYTON Nicholas Maughan INVENTOR'S C DATE: S co g ð SIGNATURE RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Stevenage Hertfordshire, GB GB POST OFFICE ADDRESS POST OFFICE **ADDRESS** GlaxoSmithKline Research Triangle Park NC 27709 US Five Moore Drive, PO Box 13398 FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FIRST GIVEN NAME **COLLINS** OF INVENTOR Susanne Denise INVENTOR'S DATE: **SIGNATURE** RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP Stevenage FOST OFFICE ADDRESS Hertfordshire, GB A CITIZENSHIP GB STATE & ZIP CODE/COUNTRY POST OFFICE NC 27709 US ADDRESS · GlaxoSmithKline, Inc. Research Triangle Park Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME FOORD** Michael OF INVENTOR Steven **INVENTOR'S** DATE: SIGNATURE RESIDENCE & STATE OR FOREIGN COUNTR COUNTRY OF CITIZENSHIP CITIZENSHIP Stevenage Hertfordshire, GB (GB STATE & ZIP CODE/COUNTRY POST OFFICE GlaxoSmithKline Research Triangle Park NC 27709 US **ADDRESS**

Page 2 of 3

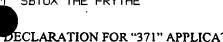
Five Moore Drive, PO Box

13398

COMBINED DECLARATION F			PG3749USW
APPLICATION WITH POWER	First Names Inventor: CLAYTON		
Declaration submitted with initial filing or			Complete if known: App No.:
U			••
()Declaration submitted after initial filing (surcharge	required 37CFR1.16(e))		Filing Date
			Group Art Unit:
As below named inventor. he	reby declare that:		
My residence, post office address and ci	tizenship are as stated belo	w next to my name.	
I believe I am the original, first and sole (if plural names are listed below) of the entitled:			
USE OF EP4 RECEPTOR LIGAND	S IN THE TREATMENT COLON CAN		PATHIC PAIN AND
the specification of which (check only o []is attached hereto. OR [X] was filed on	ne item below):		·
[]is attached hereto.			
OR [X] was filed on	_as United States applicat	ion Serial No. or PC	T International
Application Number <u>EP00/07669</u> filed applicable)	8 August 2000 and was am	nended on (MM/DD/YYYY)	(if
I hereby state that I have reviewed and u as amended by any amendment specifica		he above-identified specification	, including the claims,
I acknowledge the duty to disclose infor	mation which is material to	patentability as defined in 37 C	FR §1.56.
as amended by any amendment specificate I acknowledge the duty to disclose inform I hereby claim foreign priority benefits to or inventor's certificate or 365(a) of any United States of America, listed below a patent or inventor's certificate or of any which priority is claimed:	PCT international applicated have also identified bel	ion which designated at least one ow, by checking the box, any for	e country other than the reign application for
PRIOR FOREIGN AND ANY PRIORITY CL			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9918745.2	GB	08/10/1999	х
2. 9928437.4	GB	12/01/1999	X
	·		
I hereby claim the benefit under Title 35, United Application No.		V United States provisional application (MM/DD/YYYYY)	cation(s) listed below:
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2.	·		
	Page 1 of 3		

2	FULL NAME OF INVENTOR	FAMILY NAME GIBLIN	FIRST GIVEN NAME Gerard	SECOND GIVEN NAME/INITIAL Martin, Paul
درن _د ا ه لايا	INVENTOR'S 4 SIGNATURE			DATE:
V 0 0	RESIDENCE & CITIZENSHIP	Welwyn	STATE OR FOREIGN COUNTRY! Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
		Five Moore Drive, PO Box 13398		

COM APP	COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY					
() Dec	laration submitted with initia	App No.:	<u>vn:</u>			
()Decl	aration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date	
					Group Art Unit:	
	As below name	d inventor. I here	eby declare that:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.		
	(if plural names are listed entitled:	i below) of the su	bject matter which is cla	e is listed below) or an original, a simed and for which a patent is so	ought on the inventi	tor ion
i a	USE OF EP4 REC	EPTOR LIGAN	DS IN THE TREATM CANCER	ENT OF NEUROPATHIC PA R	IN AND COLON	
	the specification of which	h (check only one	e item below):			
	[]is attached hereto. OR [X] was filed on		as United States applicat	tion Serial No. or PCT Internatio	nal	
	Application Number EPO applicable)	00/07669 filed 8	August 2000 and was an	nended on (MM/DD/YYYY)	l	(if
	I hereby state that I have as amended by any amen	reviewed and und dment specificall	derstand the contents of y referred to above.	the above-identified specification	a, including the claim	ms,
	I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 C	FR §1.56.	
The state of the s	I hereby claim foreign priority handfits under 25 II C C \$110 (a) (d) on \$265(b) of our family and institution (a) for any time to the control of the contro					
	FOREIGN AND ANY E Foreign Application		IMS UNDER 35 U.S.C Country	. 119: Foreign Filing Date	PRIORI	ITV
	Number (s)			(MM/DD/YYYY))	CLAIM	
	1. 9918745.2 GB 08/10/1999 x 2. 9928437.4 GB 12/01/1999 x					
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I hereby		itle 35, United St		y United States provisional applie	cation(s) listed belo	w:
	Application No.		Filing Date	(MM/DD/YYYY)		
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

attorney's docket number **PG3749USW**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION									
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POWER	OF ATTORNEY.	to a named inventor. I hereh	appoint the follow	ing attemptive) and/a	- cometal to menum		anno all business in		
the U.S. E	POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorncy(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected the same and registration number) 23347 PATENT TRADEMARK OFFICE								
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	orrespondence to:	I CERCITA CORRE PURPO POR A RUBIL DA RA				Direct Telephone Cal	ls to:		
de.							nn Morgan		
		23347	· · ·			919-4	83-8222		
5		23341							
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
	FULL NAME	FAMILY NAME		IRST GIVEN NAME		SECOND GIVEN NAME	NITIAL		
2 ::	OF INVENTOR	CLAYTON	·1	vicholas		Maughan			
2	INVENTOR'S SIGNATURE					DATE:			
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	ADDRESS	Five Moore Drive, 1		research ritang	le fark	NC 21103 US			
i		13398							
1 14	FULL NAME	FAMILY NAME		TRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL		
2	OF INVENTOR	COLLINS		Susanne		Denise			
	INVENTOR'S					DATE:			
0	SIGNATURE RESIDENCE &	CITY	\ S'	TATE OR FOREIGN COL	INTRY	COUNTRY OF CITIZENS	HIP		
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_	POST OFFICE	POST OFFICE ADDRESS	c	mγ		STATE & ZLP CODE/CON	UNTRY		
2	ADDRESS	GlaxoSmithKline, I		Research Triang	le Park	NC 27709 US			
		Five Moore Drive, I 13398	O Box						
	FULL NAME	FAMILY NAME	- P/	irst given name		SECOND GIVEN NAME/	NITIAL		
2	OF INVENTOR	FOORD		Steven		Michael			
	INVENTOR'S					DATE:			
0	SIGNATURE RESIDENCE &	CITY	· is	TATE OR FOREIGN COL	INTRV	COUNTRY OF CITIZENS	IHIP		
١	CITIZENSHIP	Stevenage		Hertsordshire, G		GB	,44		
	POST OFFICE	POST OFFICE ADDRESS	C	my Ym		STATE & ZIP CODE/COL	UNTRY		
3	ADDRESS	GlaxoSmithKline	I P	Research Triangi	le Park	NC 27709 US			

Five Moore Drive, PO Box

13398

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2	FULL NAME OF INVENTOR	GIBLIN //	FIRST GIVEN NAME Gerard	SECOND GIVEN NAME/INITIAL Martin, Paul
	INVENTOR'S SIGNATURE	Most the		DATE: 131St January 2002
0	RESIDENCE & CITIZENSHIP	Welwyn	Hertfordshire, GB	GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE 4 ZIP CODE/COUNTRY NC 27709 US
		Five Moore Drive, PO Box 13398		

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